

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.) <i>Bardganyan, Rejendra D.</i>			2. Employee I.D. Number				
3. Organizational Unit <i>Psychiatry</i>			4-A FROM: <u>3</u>	Month <u>5</u>	Day <u>5</u>	Hour _____ A.M. <input checked="" type="radio"/> P.M. <input type="radio"/>	4-C Total Number of Hours _____
5. I hereby request (If more than one box is checked, explain in Item 6, Remarks): <input checked="" type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.) <input type="checkbox"/> Sick Leave. (Complete reverse side of form.) <input type="checkbox"/> Leave Without Pay. <input type="checkbox"/> Compensatory Time. <input type="checkbox"/> Other. (Specify) _____			4-B TO: <u>3</u>	Month <u>9</u>	Day <u>9</u>	Hour _____ A.M. <input type="radio"/> P.M. <input checked="" type="radio"/>	
6. Remarks			7. Employee's Signature				8. Date (Month, Day, Year)

OFFICIAL ACTION ON APPLICATION

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)	Signature _____ <i>dcw Peely mrc</i>	Annual leave approved may not exceed the amount available for use during the leave year.	Date (Month, Day, Year) <i>3/1/01</i>
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NSN 7540-00-753-5067

Please detach this notice before submitting SF 71.

PRIVACY ACT STATEMENT

Section 6311 of Title 5 to the U.S. Code authorizes collection of this information. The primary use of this information is by management and your payroll office to approve and record your use of leave. Additional disclosures of the information may be: To the Department of Labor when processing a claim for compensation regarding a job connected injury or illness; to a State unemployment compensation office regarding a claim; to Federal Life Insurance or Health Benefits carriers regarding a claim; to a Federal, State, or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation on you for employment or security reasons; to the Office of Personnel Management or

(Continued on Reverse)